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Ontario

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Foster Care as a Residential Family Resource

A Background Paper

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Ontario

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I am pleased to provide a new resource document for organizations and individuals with an interest in foster care. "Foster Care as a Residential Family Resource" presents background on the development of foster care, and documents its recent, current and potential role as a family support resource. This paper is a supplement to a forthcoming Ministry of Community and Social Services discussion paper that will propose a comprehensive framework for residential services with a family support focus, presenting foster care as a key element. The latter document will be released in June 1990.

The development of the framework was undertaken in consultation with the Residential Family Resources Reference Group, whose members are drawn from a range of disciplines, agencies and organizations, and include foster parents.

As will be evident from the overview provided, foster care, historically viewed as the backbone of the child welfare system, has come to play a significant role in the provision of family model care to children and youths with mental health difficulties, to young offenders and to developmentally handicapped children and adults. Some of the more exciting developments in recent practice involve the use of foster parents to provide intensive support, relief, and skill building assistance to children and their families enabling them to continue living together in the community.

It is hoped that this overview will suggest some useful ways of providing flexible assistance to children, youths, developmentally handicapped adults and their families and that these approaches will promote the development of a new broader context for the foster care system. For some of you, the models described may not be new but may serve to reinforce your efforts to innovate and to build on the best of care and practice in your respective service areas.

Sincerely,

Valerie A. Gibbons
Deputy Minister

FOSTER CARE AS A RESIDENTIAL FAMILY RESOURCE

A Background Paper

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TABLE OF CONTENTS

Foster Care as a Residential Family Resource

Page

Introduction 1

1. **A Brief History of Foster Care in Ontario** 2

Saving Children 2
A Shift of Focus 3
Demographic Trends and Their Implications 4

2. **Children's Needs** 9

The Importance of Close and Intense Attachments 9
Providing Continuity of Care 10
Placement Instability 11
Permanency Planning 12
Delivering Family-Based Care 13
Ongoing Contact with the Family of Origin 14
Reunification with the Natural Family 15
Family-Based Care for Children with Major Problems 16
The Family-Based Intervention of Choice 16
Continued Support to the Biological Family 17
The Perceived Value of Foster Care 18
Meeting Special and Developmental Needs 19
Children with Special Needs 19
Aftercare for Independent Youths 20

3. **Foster Parents' Needs** 22

Motivations for Fostering 22
The Ambiguity of the Role 23
Training Needs 23
The "Professionalization" of Foster Care 25
Information Sharing 26
Involvement in Decision Making 27
Support 27
Financial Compensation 28
Practical Supports 29
Relief 29
Recognition 30
Agency Structures and Practices 30

4. **Innovative Family Service Models** 34

Prevention 34
The Child Parent Enrichment Project 35
Project House Calls 35
Parents and Children Together 36
Intensive Home-Based Family Treatment Programs 36
Other Programs 38

Family Support 38
Informal Helping Networks. 39
Extended Family Support 39
Shared Care 39
Independent Living for Adolescents 40
Independent Living Services for Disabled Adults 41
Special Foster Care and Foster Parent Support 41
Treatment Foster Care 43
PRYDE 44
The Teaching-Family Model 45
Longer Term Collaborative Approaches 45
System Change. 47
The Placement Evaluation Program:
A Model of Assessment 48
The Foster Care Initiative in Saskatchew 49
Outcomes of Permanency Planning 49
The Value of the Approaches Reviewed 50

Appendices

A. The Residential Family Resource Reference Group

B. Bibliography

INTRODUCTION

This paper is intended as a background and resource document for use by organizations and individuals with an interest in foster care. It is a supplement to a forthcoming Ministry of Community and Social Services (MCSS) discussion paper that will propose a comprehensive framework for residential services with a family support focus, presenting foster care as a key element. The development of that framework has been undertaken in consultation with the Residential Family Resources Reference Group, whose members are drawn from a range of disciplines, agencies and organizations, and include foster parents (see Appendix A).

This paper provides background on the development of foster care, and documents its recent, current and potential role as a family support resource. It presents a review of the literature on both foster care and family-model care in other service systems that was completed by Karen Engel, a Ministry senior policy analyst, with assistance from policy analyst Susan Parr. Since the Ministry completed a major review of the Ontario foster care system in 1981, the main focus of this paper is on more recent research, experience and commentary. It was edited by Andria Hourwich.

The paper is organized in four chapters that focus on:

- the evolution of foster care in Ontario
- the common understanding of children's needs, and how this has affected approaches to child welfare
- foster parents' needs in light of their changing role
- innovations in foster care models.

A bibliography listing sources cited in the text and other useful publications is included as Appendix B.

1. A BRIEF HISTORY OF FOSTER CARE IN ONTARIO

To provide some perspective on foster care as background for the review of the literature that makes up most of this paper, this chapter discusses briefly:

- how the desire to save children as a means of preventing crime motivated the introduction of foster care in Ontario
- the shift of focus that has changed foster care service
- demographic trends that have further implications for future foster care service.

Saving Children

Foster care emerged as a form of substitute child care in Ontario in the latter half of the 19th century. Parallel developments occurred elsewhere in Canada, the United States and Britain (Jones and Rutman, 1981). Middle-class social reformers of the day saw foster homes as a humane solution to the need to find appropriate ways to deal with neglected, dependent and delinquent children. The reformers were motivated by strong convictions about:

- neglect of children and their exposure to negative environments as the basis of crime
- the malleability of children and the powerful corrective influence of a "good" family environment
- the responsibility of the public to ensure the maintenance of adequate and safe child care practices and standards, and to protect neglected children.

The primary means of providing for dependent and neglected children historically were informal adoption, not recognized in law or supervised in any way, and almshouses. In an early reform effort to create settings where children would learn to be moral and productive citizens, the Province passed legislation in 1874 empowering school boards to establish industrial schools. The first of these schools was not, however, opened until 1887, after further legislation allowing school boards to delegate responsibility for them to charitable organizations. Children were sent to these institutions by the courts if vagrant or delinquent, by parents because of their unmanageability or by the state because of parental neglect.

While social reformers considered industrial schools an improvement over almshouses, they did not view these institutions as an adequate response to children's needs. First, there were too few places available in the schools. Second, the legislation did not deal with the issue of how to determine parental inadequacy. Finally, the artificiality of such environments for growing children was questioned.

The perspective that dominated the creation of what evolved into the foster care system in Ontario today was that of J. J. Kelso, who became the province's first Superintendent of Child Welfare. Appearing before a Royal Commission on the Prison and Reformatory System in 1890, Kelso recommended the establishment of a new type of voluntary society to work with neglected children and to prevent them from becoming criminals. These societies were to have responsibility for placing neglected children in "good", preferably rural, homes.

Kelso and like-minded others saw "good" homes as preferable to institutional settings that did not have the benefit of a normal family environment. Parents of neglected and abused children were seen as having forfeited their parental rights, and were to have no future access to or influence on them.

Incorporating this perspective, the 1893 Act for the Prevention of Cruelty to, and better Protection of Children gave broad powers to voluntary societies to protect children. Voluntary Children's Visiting Committees were charged with the responsibility of selecting and monitoring foster homes for children who were under the control of these societies. The committees were empowered to transfer children from home to home as necessary, and were responsible for promoting "philanthropic sentiment [in the community] on behalf of neglected, abandoned and destitute children" (Jones and Rutman, 1981, p. 65).

A Shift of Focus

During the 20th century, the structure and practice of foster care services have changed dramatically. With the development of the social work profession, the voluntary Children Aid Societies acquired professional staff to arrange and supervise placements. Governments assumed a growing share of responsibility for funding of child welfare services. The societies' work expanded and grew more complex with the addition of adoption, family support and prevention services.

Once foster care was accepted as the preferred out-of-home care option for needy children, institutions came to be reserved for children who could not be kept in the community in a family home. Disturbing children, retarded children who required intensive care and supervision, and juvenile delinquents became the primary clients of group-based institutional services. Specialization of function and purpose resulted in the creation of separate institutional settings for different children who were classified according to "type of problem".

Not long ago it was suggested that the group setting and foster care may be viewed as complementary services meeting the needs of different groups of children, each with a place in the total spectrum of child care services (Kadushin, 1974). In recent years, however, group and institutional treatment have come to occupy a more narrowly defined place in the service spectrum.

The treatment emphasis for problem children has shifted from a long-term residential milieu focus to a short-term community-based, family-focussed service. No longer considered a "cure" in itself, the group setting has recently been used as a temporary, transitional placement that, in cooperation with a variety of other community-based services, is designed to assist the child in returning home (Denholm et al., 1987; Maluccio, 1988). Long-term settings are now reserved for those for whom no other alternative exists.

This shift in treatment emphasis as well as significant changes in child welfare practice have had a significant impact on the foster care system. Child welfare and other social service agencies are placing increasing emphasis on keeping children in their natural families by providing more assistance to dysfunctional families. As a result, children are coming into care at a later age than in the past. Also, the social service field is moving away from the institutionalization of various client groups, and emphasizing community-based service delivery. Children who might in the past have been served in institutional settings are being placed in foster care. Thus foster parents are being expected to go beyond their traditional role of "surrogate parent", and deal with children whose needs are more complex and whose care is more demanding. These trends and expectations have been reinforced by the passage of the Child and Family Services Act, 1984, which has a strong focus on preserving the family and on the rights of both child and family.

Demographic Trends and Their Implications

As the discussion above indicates, some significant trends have emerged with regard to the needs of children requiring residential services in the last 20 years. Increased efforts at maintaining children in their own homes and at providing supportive and counselling services to their families have meant that children who do come into care are older on average than in the past. A commonly expressed view in the literature is that these children require more intensive service than in the past, although there is no specific research that demonstrates a link between age and depth of need.

From 1966 to 1976, the number of children aged 13 or more in care in Ontario's child welfare system grew 55.7% from 4,126 to 6,423. While the total care population declined from 16,487 to 12,962 during this period, adolescents' share of the total care group rose from 25% to 49% (MCSS*, 1979). From 1976 to 1986, as the child population in general declined, and the total care population dropped by 20%, the proportion of adolescents in the care population rose to 52% (OACAS**, 1988). By Dec. 31, 1988, the total in care was down to 9,967; 5,436 were in foster care.

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* For references to MCSS, see Ontario Ministry of Community and Social Services in Bibliography.

** For references to OACAS, see Ontario Association of Children's Aid Societies in Bibliography.

The literature suggests that there is a higher proportion of more difficult and needy children entering care as a result of the fact that more of the "less difficult" children are being maintained at home (Steinhauer, 1984; Klee and Halfon, 1987). With increased efforts at reunification and increased innovations in assisting and supporting families to remain together, agencies maintain that they are now primarily providing care for the child for whom there are no other alternatives. Since agencies report that they are dealing with a more concentrated population of children who are needier, the general in-care population appears to have more complex needs than it did ten years ago.

The problems of children now in foster care include emotional, behavioural and educational difficulties. A significant proportion of children in general in Ontario are considerably behind academically and also have poor peer relationships. The cumulative effect of these difficulties places them at risk for mental health problems (MCSS: Ontario Child Health Study, 1986; Offord et al., 1988a). Children in care, according to Wald et al. (1988) in a California study, are at significant risk of developing serious mental health problems.

These trends suggest the need to plan services to meet a range of needs among children of all age groups, both within the family and in care, and on a developmental continuum. While the rate of increase in the proportion of admissions to care of children aged 13 or older seems to be slowing, it is clear that planning is required for the needs of children from birth to the age of 18 and in some cases to 21. The report of the Social Assistance Review Committee (1988) recommends the extension of Crown wardship on a voluntary basis. Consideration is being given to expanding certain services to include the 18-21 range. A developmental approach to the needs of children and youths in care and leaving care is consistent with research and directions proposed in the United States (Whittaker, 1988) as well as with Ontario studies (Doherty, 1983).

In addition, increasing numbers of children who have been physically and/or sexually abused are coming into care. Treatment for victims of sexual abuse remains a relatively infant endeavour, and agencies are still developing expertise (Torjman, 1988; Rodway, 1989; Thomlison, 1988). Rodway notes that existing research provides few guidelines for the selection of clients for child sexual abuse prevention programs. She therefore recommends a continuum of diverse prevention and treatment services as essential in dealing with sexual abuse of children.

Other trends in society reinforce expectations of a continued need for services for children and families and the structures to support them. These include:

- such population trends as the growing participation of women in the labour force, a high divorce rate resulting in a high rate of single parenthood, an ageing population, and continuing immigration

- changes in the structure of the economy resulting in changing employment patterns

- o the persistence of poverty in an affluent society
- o widespread substance abuse by both adults and children.

As more women work outside the home, the supports required to enable family members, especially single parents, to care for their children and elderly parents will change. While increased child day care and adult home care will be needed, there will be fewer people remaining at home who can provide these services.

An increase in immigrant populations and in people from other parts of Canada resettling in Ontario will also influence the demand for various services to families, including increased pressure on multicultural and settlement programs.

Both the aging and the young will continue to require specialized resources. Despite the decline in the growth of the child population, there will continue to be a high demand for children's services (MCSS: Looking Ahead, 1988). As the well-being of children is clearly affected by their environment, they will require specialized resources to strengthen their ability to cope with the stresses of changing employment opportunities and family violence and breakdown. As the elderly increase in numbers and are enabled through technological and medical advances to be maintained in their own communities, the Ministry is seeing increasing demand for both mobile support services and home care providers (Brockett, 1984; MCSS: Looking Ahead, 1988). The demand for these services will be driven as well by increased numbers of disabled children and adults being cared for in their home communities.

A trend that is of particular significance in planning for child and family services in Ontario is the high incidence of poverty, particularly among single-parent families. The Social Assistance Review Committee (1988) found that the poverty rate for female-led single-parent families exceeded 50%. In 1986, 13.4% of children in Ontario were in families living in poverty (MCSS: Looking Ahead, 1988). In 1987, 11.9% of children in Ontario were in Families living in poverty (Statistics Canada, Survey of Consumer Finances, 1987). Moreover, an international study conducted by the U.S. Urban Institute in Washington, D.C. revealed that Canada has the second highest rate of children living in severe poverty among eight western nations. Forty-six percent of poor Canadian children were rated as severely poor (Hepburn, 1989).

Poor children tend to suffer from increased disadvantage in many respects. Educationally, medically, emotionally, and socially, poor children are at increased risk for disorders and difficulties. Based on the Ontario Child Health Study (1986), Offord concludes that poverty is a major risk factor for children. This study demonstrated that being on social assistance is correlated with a range of childhood disorders. Low socio-economic status is associated with psychiatric disorder (poor conduct, poor school performance, hyperactivity, neurosis, and somatization).

A separate and more detailed analysis of conduct disorder concluded that poverty appreciably increased the odds of such behaviours as being mean to others, destroying things, vandalizing, stealing, and setting fires (Offord et al., 1988b). A recent study of morbidity among welfare children found that these children have over twice the rate of psychiatric disorder and smoking behaviour and more than 1.5 times the frequency of chronic health problems of their non-welfare peers (Clarke, 1988). The Ontario Child Health Study (MCSS, 1986) pointed out that psychiatric disorder can herald a lifetime of serious psychosocial difficulties and inferior quality of life.

In addition, researchers are pointing to links between poverty and the physical and sexual abuse and neglect of children. Volpe (1989) cites poverty as a risk factor for child abuse, creating a climate in which it is more likely to occur than in the general population. The poor appear to bear the greatest portion of social problems. They are consistently overrepresented in officially reported cases of child abuse. Martin (1974, cited in Volpe, 1989) believes that families with low socio-economic status are predominant among non-reported abuse cases as well. He argues that poverty, in addition to affecting the day-to-day lives of children, places them at risk in terms of minimal prenatal care, prematurity, low birth weight, and poor environment, nutrition and medical care. Also, evidence is growing that children from violent family environments demonstrate more behavioural problems and less social and academic competence than children from non-violent homes (Watson, 1988).

In an epidemiological approach to foster care, Jenkins and Diamond (1985) found that increased length of stay in care was explained to a significant degree by children who were living in poverty. The authors interpreted their data to reflect a lack of resources to help poor families reunite their families. Alternatively, or concomitantly, they speculated that poor communities may offer poorer services than more affluent communities.

Alcohol and other drugs are well recognized factors in the difficulties of children and their families, but trends in abuse are adding to concerns about its long-term social implications. A five-year study conducted at the Addiction Research Foundation found that cocaine is now second only to alcohol among the addiction problems treated there (Dineen, 1989a). Smoked "crack" cocaine came into popular use in Canada in mid-1987, according to the study. U.S. studies have shown that children can suffer seizures, poor balance and drowsiness as a result of inhaling crack smoke second-hand, and crack use by a pregnant woman can result in premature birth, low birth weight and a small head size for her baby. Moreover, the first follow-up studies of babies born to mothers using crack show that they have serious difficulty in relating to their surroundings, concentrating, initiating play, and developing attachments (Blakeslee, 1989). Many of these babies show symptoms of withdrawal and lack of emotion similar to those in children with mild autism or personality disorders. They need environments providing structure and much individual attention.

The Children's Aid Society of Metropolitan Toronto, concerned by a dramatic increase in cases involving cocaine and the speed with which a cocaine user can lose the ability to care for a child (Dineen, 1989b), has begun a program for the children affected, their families and substitute caregivers (see page 47). A study of 25 client families indicated that children of cocaine addicts experience neglect, abandonment and exposure to violence as well as physical, emotional and sexual abuse (Johnston, 1989).

The review of the literature that follows will describe various ways in which the services of foster parents are already being used to help children from such troubled backgrounds. It will cite others that promise to expand foster parents' increasingly demanding role as a community-based residential resource. The challenge for agencies will be to attract potential foster parents to this work.

2. CHILDREN'S NEEDS

Much has been written about the needs of children in general and about the specific needs of children in the care of the state. The literature addresses four main needs of children that are a particular concern when decisions regarding service for children are made on their behalf. These are their needs for:

- close and intense relationships
- continuity of care
- family-based care
- guidance and assistance in achieving their full potential.

All children, and particularly those who come into the care of the child welfare system, need close and intense relationships with a primary caregiver. They require stability and continuity of these relationships over time to develop as healthy, secure individuals. There would also appear to be fairly widespread agreement that the family is the best context, in most cases, in which to meet the child's needs. There is still considerable discussion within the child welfare field concerning how best to provide a stable family environment for this vulnerable group of children.

The Importance of Close and Intense Attachments

Psychological theories of the healthy development of children, supported by research, focus on the importance of a close, intense relationship with a parental figure.

Goldstein et al. (1979a; 1979b) introduced the concept of the "psychological parent" - an adult who is directly responsible for the child's daily needs, and has established psychological familial ties with the child. Such a psychological parent may be a biological and/or a foster parent (Jenkins, 1972). The familial bonds do not depend on the fact of biological parenthood or legal relationships.

In the literature generally, the concepts of "attachment" and "bonding" seem to be used interchangeably. Rutter (1972) makes a useful distinction between the two. Attachment requires physical proximity, and is expressed behaviourally. Bonding is a selective attachment persisting over time regardless of proximity. A child can successfully maintain several concurrent attachments.

Secure attachments are necessary for the healthy development of trust, the capacity for intimacy and the formation of self-esteem. Attachment also plays an important role in the process of socialization of children (Steinhauer, 1983b), and promotes the development of mature behaviour in the latter stages of childhood (Dworetzky, 1984). Separation from attachment figures usually

results in a sense of loss followed by a mourning process. Whether or not the mourning process is adequately resolved can have far-reaching consequences for a child.

It has been suggested that the first few years of life are critical for the development of secure bonds or attachment between the child and primary caregiver. The benefits to the child of a secure attachment to the mother figure are highlighted by studies examining the effects of disrupted or dysfunctional mother-infant attachments. Maternal deprivation is seen as counterproductive to the healthy development of the child. In a study of mother-infant interactions in cases of non-organic failure to thrive, Haynes et al. (1983a; 1983b) suggest that "nutritional or environmental deprivation during the time of rapid brain growth in the first months of life may have long-term effects on intellectual functioning" (p. 324).

However, there is some difference of opinion in the field as to the relative importance of maternal deprivation. Rutter (1972) argues that some childhood pathologies previously ascribed to maternal deprivation are, in fact, related to other variables such as disruption of the bonding process, experiential privation, nutritional privation and family discord. However, Rutter also suggests that affectionless psychopathy is the end product of a failure to develop (rather than a break in) the bonds of attachments in the first three years of life. This hypothesis implies that separation of a child from an "attachment" does not in itself result in pathology in later years, provided that the child develops another attachment or bond during the critical early years of development.

In general, there is widespread agreement that the healthy development of children is largely influenced by the presence of close attachments or bonds with primary caregivers. Disruption of or severing of these attachments can have serious negative consequences for the child's psychosocial development.

Providing Continuity of Care

In addition to close attachments to caregivers, children need continuous, stable relationships with them to develop the sense of security that is also essential to healthy development. During the 1960s and 1970s, considerable study centred around the experiences of children in care of the state, particularly those who had been placed in foster care. Researchers raised significant concerns about the negative effects of allowing children to "drift" in foster care, remaining for long periods and experiencing a number of moves from one setting to another.

Placement Instability

In 1981, Block identified a 28% rate of "recidivism" - i.e. return to placement after a failed attempt at reunification - for 314 children under age 18 over a two-year period. A significant finding was that 41% of the discharges were unplanned. While studies using different definitions associated different factors with recidivism, all of them demonstrated an alarming rate of instability and lack of continuity for children in out-of-home placements (Rzepnicki, 1987). A recent survey of 15 agencies by the Ontario Association

of Children's Aid Societies (OACAS, 1988) reveals that of the children in their care on June 30, 1987, approximately 30% had experienced three or more placements.

Research suggests that inadequate matching of child and placement needs is a major reason for placement breakdown (Horner, 1981; Maluccio, 1966). Inadequate assessments of children's needs, sometimes due to insufficient time for thoughtful placement planning, contribute to mismatching. Steinhauer (1984) has argued that many emergency placements are unnecessary, and ultimately create greater problems for both child and foster parent than if the child had been left in the biological home until appropriate planning could occur. Practice data tend to support this recommended approach. Seventy-five percent of placements in 1988 in one large Ontario children's aid society were found through an internal review to be emergency placements (as communicated to the Residential Family Resources Reference Group by the agency's outside resources coordinator). Further, in a recent review of its foster care system, the same society found that over 90% of its 24-hour emergency placements involved children and families who had been known to the agency more than 21 days before the children were admitted to care.

Steinhauer (1984) suggests that prolonged deprivation of meaningful attachments may result in permanent detachment, persistent diffuse rage, chronic depression, antisocial and asocial behaviour, low self-concept and chronic dependency.

Zimmerman (1988) discusses the phenomenon of childhood depression in foster children, suggesting that depression can be a manifestation of "learned helplessness". Instability and lack of continuity in out-of-home placements can exacerbate feelings of helplessness in children. Zimmerman cites examples of repeated, unanticipated moves, controlled contact with natural families and lack of involvement in decision making as events that reinforce helplessness. Rosenthal (1987) also discusses the impact of child welfare system intervention on the child's already diminished sense of control. Acting-out behaviour is not an uncommon response. A study of a sample of Ontario children in foster care (OACAS, 1988) found that the children themselves expressed a need to be consulted and included in decisions on placements and ongoing contacts with their own families. A presentation to the Residential Family Resources Reference Group by a former youth in care in Ontario cited frequent "unnecessary" moves as a major concern of children in care (P., 1988). The former president of the National Youth in Care Network echoes this view (Raychaba, 1988), linking the impermanency to the youths' continuing inability to develop the trusting relationships needed to build supportive social networks. Emphasizing the need to establish the permanency of relationships in care, he recommends the creation of a "home base" to which youths can return after treatment and after exits from the service system, whether planned or through running away.

This approach appears to be consistent with the legal opinion of Minow (1987), who emphasizes the affiliative rights of children. She suggests that society needs to create structures and opportunities for children to develop the skills they require to function independently and responsibly as adults.

Permanency Planning

The research findings about the impact of unstable placement led to the development of the concept of "permanency planning"[1] for the permanent placement of children, whether with their natural families or with substitute caregivers. Its proponents seek to tackle the consequences of discontinuity within the foster care system, advocating a more planned approach to out-of-home placement and greater stability of placements made.

For children in care of the state, the need for continuity requires that disruptions to the attachments with biological parents and/or those they may form with substitute caregivers be minimal. In cases where long-term removal from the biological family is anticipated, the length of time between the separation from the primary caregiver and provision of an adequate substitute is critical for young children (Steinhauer, 1984). It is also argued that the mourning process of the child must be appropriately resolved in order to free the child to form new attachments (Steinhauer, 1983). The longer the separation, or the more numerous the separations, the more difficult it becomes for the child to form new attachments, and the greater the risk of impaired future adjustment.

Goldstein et al. (1979a; 1979b) suggested that children are not capable of sustaining close relationships with a number of parents. According to this view, for children who cannot return to the natural family, legal severing of the parental rights of the natural parents is preferable. This approach would make the child available for adoption. Through adoption, the child would theoretically be able to develop the close relationships with psychological parents that are needed for healthy development, and experience continuity of care.

The position put forth by Goldstein and his colleagues has been challenged in recent years. Rutter (1972) distinguishes between attachment and bonding (as discussed previously), and maintains that children may form multiple

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[1] Maluccio and Fine (1983) describe permanency planning as "the systematic process of carrying out, within a brief period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers, and the opportunity to establish life-time relationships." While this definition brings to mind adoption or "long-term" foster care, it allows for a variety of forms of care, the key factors being continuity of relationships, nurturing parental figures, and life-long relationships. The Children's Services Branch of the Ministry of Community and Social Services is currently engaged in a project on Permanency Planning which has included a review of legislation in other jurisdictions, a literature review, and a preliminary review of access arrangements for crown wards. The second phase of the project will explore the willingness of foster parents and adoptive parents to accept alternate forms of fostering and adoption including "open adoption". A second objective involves consideration of other means of achieving permanency and an examination of existing programs aimed at enhancing permanency planning.

attachments, thus may be attached to their foster parents. However, children may well retain the bond with their biological parents despite the formation of new attachments. Triseliotis (1984) also supports this concept. He states that his studies suggest that children can develop a sense of identity with two sets of parents - biological and adoptive/foster - provided that they are clear about what is happening, and there is stability and continuity of care.

Delivering Family-Based Care

Support is now growing for the view that permanency of relationships for children does not necessarily come about through the severing of relationships with natural family members and/or adoption, but rather through the preservation of families. Bush and Gordon (1982) discuss the potential for agencies to use Goldstein's theories to "excuse and sanction" a failure to maintain natural families. They cite research showing that agencies are reluctant to restore and/or maintain families. In his 1978 study of children in foster homes in Massachusetts, Gruber concluded that "virtually no effort is made to keep the biological family together and to prevent children from being placed into foster care" (p. 176), and that this situation had been fairly general in North America for many years.

There appear to have been some changes in this situation in recent years. Writing about the United States, Barth and Berry (1987) report that "whenever possible, maintaining children in their own homes or, at least, reunification of children with their families is the goal of contemporary child welfare services" (p. 72). In Ontario, this development was evident when the Ministry restructured children's services in 1977, and was endorsed in subsequent legislation. The Child and Family Services Act, 1984 sets out principles that give priority to services that support the autonomy and integrity of the family unit, represent the least restrictive or disruptive course of action that is available and appropriate, and respect the child's need for continuity of care and stable family relationships (subsections 1(b)-(d)). In response to this changing climate, some interesting programs have emerged to support families and prevent their disintegration.

Wald et al. (1988) conducted a comparative study of children receiving child welfare services in two California counties for reasons of abuse or neglect. One group of children were maintained in their own homes through the provision of supportive services to their families. The second group had been removed from their biological families and placed in foster homes. At the end of the two-year study, the authors found little difference, based on various measures, between the two groups in terms of their relative well-being. However, the changes that did occur seemed to favour the foster children. The home children seemed to remain at substantial risk in the areas of social, emotional and academic development (although the study showed that they had higher self-esteem and reported better peer relationships). The authors suggest that children who remain at home should also receive individualized support services designed to assist them to cope with their environments.

Despite the general agreement that family-based care is preferable to group care for most children, there has been much debate in the literature about

the relative merits of serving children in their own homes versus foster care placement, and of adoption versus foster care, as the discussion below indicates.

Ongoing Contact with the Family of Origin

Many children who have been removed from their biological families retain their bond with their biological parents whether or not they form new attachments to parent substitutes. Frequently, they long to return to live with them. While some may find it surprising, children can long for reunification with parents who have been abusive or neglectful. When child welfare agencies find it necessary to take a child into care for reasons of health and safety, the emphasis of their planning is increasingly on maintaining the child's ties with the biological family as well as reunifying the child with the family.

Visiting is one means of promoting ongoing contact between children in care and their biological parents. Research indicates, however, that there may be both positive and negative consequences of parental visiting.

It has been suggested that parental visits to children in foster care may help the children adjust to their placement, and mitigate the potential negative consequences of long-term foster care for them (Poulin, 1985). Fanshel and Shinn (1978) found through a longitudinal study (of children who were aged 3 to 12 at the outset that parental visiting was the "best variable among various available predictors regarding discharge of children from care" (p. 483). Eighty-six percent of the children who were frequently and reliably visited were eventually discharged from care. However, while Poulin (1985) found in a study of 80 children who had been in foster care for two or more years that about 49% of the children were visited regularly by relatives, he concluded that "the children who were most adversely affected by their long-term foster care status were those who were psychologically attached to their natural families" (p. 28). These strong attachments resulted in feelings of conflict of loyalties among the children.

It might be inferred from these findings that continued involvement with biological parents may confuse the child, and hinder the development of attachments to substitute parents. However, as previously noted, Triseliotis (1984) suggests that children can cope with two sets of parents given the right circumstances.

Sibling ties as well as ongoing contact with biological parents may be promoted to ensure continuing of relationships with the natural family. Rutter (1972) and Ward (1984) have emphasized the importance of sibling ties in the lives of children separated from their families. Continued ties with siblings may reduce the child's stress following removal from the family. For some children, separation from siblings may be more stressful than separation from parents, as the sibling bonds may be especially strong when parenting is inadequate.

Keeping a written record or "life book" for each child connects the child to his/her past and the significant events and people that provide the child with

a sense of continuity. The Catholic Children's Aid Society of Metropolitan Toronto (CCAS) assembles a life book for each child in its care that contains pictures and other mementoes of important people and events in the child's life (Sokol, 1989). A backup copy is kept on microfilm. The CCAS has also produced a life book training manual and a video that are available to other agencies. In addition to gathering visual and verbal histories for children, the Minnesota Life Planning Services for Older Children arranges for them to visit neighbourhoods where they have lived (McDermott, 1987).

Reunification with the Natural Family

A number of authors have addressed the question of reunification of the child with his or her biological parents, but do not agree about its value. Some suggest that preservation of, or reunification with, the biological family is not always the optimal solution for the child. Barth and Berry (1987) reviewed literature on the topic, and concluded that "studies consistently show that children who are returned home have inferior measurable developmental outcomes" (p. 77). On the other hand, Fanshel and Shinn (1978) have warned against overemphasis on measurable outcomes and neglect of the unmeasureable experience of the children. More intensive and lasting services to children who return home have been recommended by researchers in this area (Fanshel and Shinn, 1978; Rzepnicki, 1987).

Lahti et al. (1981) studied one approach used in an effort to reduce failure of reunification. Specially trained workers carefully prepared the families for reunification, and in this study, 80% of the children, all under the age of 12, were still at home two and a half years after leaving foster care. It was noted, however, that 33% of the parents found that reunification was not easy, and almost half of them felt that the caseworker had not adequately prepared them for the experience.

Family-Based Care for Children with Major Problems

Severely disturbed children are being treated in less restrictive, more family-oriented settings than in the past (Rubenstein et al., 1978). Recent developments in the use of specialized, treatment-oriented foster care, for example, suggest that children who once might have required residential treatment may now be served in small, community-centred, family-based units with specialized treatment services (Hawkins and Breiling, in press, cited in Whittaker, 1988). It is indicative of the value service providers place on the family as the preferred milieu in which to address the needs of children that foster families have been used in recent years for children previously thought of as requiring institutional care. Children with significant physical and mental health problems are now being placed in the community with foster families. The Casey Family Program in Seattle, Wash. provides such treatment-oriented foster care services.

In a Pittsburgh program, children and adolescents requiring intensive treatment for social/emotional/behavioural programs are placed in foster families supported by a treatment centre (Hawkins et al., 1985). Most of the children the Pressley Ridge Youth Development Extension Program serves have a history of institutional or special education placements, and more than half

have demonstrated aggressive behaviour. In Jacksonville, Fla., the Medical Foster Care Program was developed as an alternative to "boarding" abused and neglected children with acute medical problems in hospital (Davis et al., 1984). Gurdin and Anderson (1987) describe the Aids Foster Care Project begun in New York City in 1985 to use foster care resources for children with AIDS or AIDS-related complex who did not need treatment.

The Family-Based Intervention of Choice

Many questions remain as to the type of family-based care that should be the intervention of choice for children and families. The research conducted by Wald et al. (1988) poses significant moral and theoretical questions about reconciling the "best interests" of the child with out-of-home placement. They suggest that regardless of whether children are maintained in their own homes or placed in foster care, their emotional well-being may be at risk.

They articulate this dilemma well:

> Thus, we must ask who were worse off - the foster children who longed to return to their original homes, or the home children who longed for a loving relationship, free of pain, fear, and insecurity (p. 144).

These authors raise a very difficult question: how to determine the best interests of the child. In this study, the differences in outcome between children maintained in dysfunctional homes and those in foster care were minimal. The study would suggest that removing children from their biological parents will not necessarily improve their emotional well-being.

Others have questioned the value of providing foster care as opposed to supporting natural families. As mentioned earlier, the goal of service in the contemporary North American child welfare field is to maintain families through either the prevention of out-of-home placements or reunification after placement (Barth and Berry, 1987; Tomlinson and Foote, 1987). Many writers in this subject area comment on the need for greater support services to families either to prevent the necessity of removing the child in the first instance, or to enable the child to rejoin the natural family after a brief out-of-home placement. It is thought that preserving the natural family is the best way to ensure continuity and stability for children.

When preservation of the family is not possible, stability of out-of-home placements is to be preferred. The proponents of permanency planning who adhere to the theories of Goldstein et al. suggest that for children who are not able to rejoin their natural parents, adoption is the plan of choice. Others have suggested that adoption likely has only limited application as a method of ensuring continuity of care, and fails to recognize the need of many children to maintain a relationship with the biological parent(s). Those researchers who believe in the ability of children to form multiple attachments suggest that long-term foster care can be a viable alternative. There is a recognition, however, that the foster care system needs considerable improvement in terms of recruitment of and support for foster parents.

Continued Support to the Biological Family

Biological families of children in care receive little ongoing support in comparison with adoptive families despite the greater stresses they are likely to experience (Fein et al., 1984).

It has been suggested that an essential component of the entire foster care process is the provision of stable, continuous support to the whole family (Colon, 1981). The foster family could provide continuous support to both the child and the biological family in a gradual process of reintegration and aftercare that would create greater stability for the child, and may reduce recidivism (Whittaker, 1988; Maluccio, 1988). A final stage of the process might include connecting the biological family to a neighbourhood support network to which the foster care provider might belong or have access (Minuchin, 1981; Wells, 1988).

If a return to care were indicated for a child, the same family-care provider could remain available, within agreed-upon limits, for short-term residential assistance as well. Such an approach is consistent with the provision of social support as a crucial element in reunification (Whittaker et al., 1983; 1986; 1988; Lewis and Fraser, 1987; Wells, 1988). This process would prevent the need to initiate a totally new relationship, and avert a sense of being abandoned and starting over for the child and family. A stable supportive alliance could develop between biological and foster parent.

This approach recognizes the value of positive support systems, and that without them, many families have little opportunity to develop necessary and sufficient protective resources to cope with life-cycle stresses (Colon, 1981; Schorr and Schorr, 1988). This is especially true of poor single parents who assume child-rearing burdens alone and with little relief.

The Perceived Value of Foster Care

Discussing the value of foster care in permanency planning, Steinhauer cautions that it is important to distinguish between allowing children to drift between placements and the use of planned permanent placements (1988). He advocates more planned use of foster care to reduce the likelihood of emergency placement. He and others (Whittaker et al., 1983, 1988; Maluccio, 1988) say that the focus of most child welfare service should be on maintaining biological families. However, in the course of supporting dysfunctional families, assessment of the need for out-of-home placement should be considered at an early stage, and planned for if needed. It will not be possible for some children to remain with their biological parents. However, adoption may also not be an appropriate alternative for them. For those children, a permanent foster home may be the best option. It is important that placement in a long-term foster setting be well planned in advance to minimize the potential for breakdown or further disruptive moves.

A recent systematic, in-depth comparative study of foster and residential care practices in England favours those used in special foster homes, which on a variety of measures were shown to be significantly more child-oriented (Colton, 1988). The findings, the author suggests, may not be explained in

terms of differences between foster and residential care children, between foster parent and staff attitudes towards children or in the size of the home, but rather were related to the "bureaucratization of such provision" in staff-operated settings. As a result, Colton recommends a significant extension of fostering for older children in foster care and a child-oriented alternative for those youngsters who cannot be maintained in family households, e.g., sibling groups too large for foster homes. He suggests reductions in the numbers of children placed in residences and in staff administrative tasks and increases in the performance by staff and children of daily living tasks and the use of salaried parents backed by social work and child care support.

Meeting Special and Developmental Needs

Children are seen as needing the guidance and assistance of caring adults to achieve their full potential. Expectations for individual children will range from independent living in the community to developing the ability to care for one's daily needs to the maximum extent possible. Foster care is seen today as having a role in assisting young people to maturity and improving the quality of their life in a variety of situations (Finkelstein, 1988).

Children with Special Needs

Special needs of children in care may include help in dealing with educational difficulties, developmental handicaps, low self-esteem and self-control issues. Data gathered in the recent OACAS survey (1988) indicated that 15% of children in care of children's aid societies on June 30, 1986 were in specialized foster homes, and another 15% were in outside paid institutions. The terminology and placement criteria used by the societies vary greatly, and placement decisions may be affected by availability of beds and funding. Nevertheless, some cautious interpretations of the data are possible. All of these children were receiving services other than "regular" foster care. In that sense, they were all receiving some form of special resources viewed as appropriate to and reflective of their special needs. It is therefore reasonable to conclude that 30% of the child care population has demonstrated some indication of special needs. In fact, a survey of the southeast region of the Ministry in November 1988 indicates that more than 40% of the children in foster care in that region are in "specialized" care, reflecting a growth trend since 1976 (MCSS internal communication: "Use of Specialized Foster Care by Societies", 1988).

In addition, there are some children who cannot live in families but are not yet mature or responsible enough to live in a more independent context. These are children who may be unable to form close relationships because of a variety of factors, including repeated past rejections and/or a negative experience in bonding or attachments. They may have been abused or emotionally damaged to the extent that a family living experience may not be helpful to them. Chronic family dysfunction and failed efforts at reunification may have resulted in their inability to respond appropriately to positive family relationships and to develop the trust and openness necessary to live successfully in a family setting. Strong issues of loyalty prevent other children from being able to accept the affection and nurturing of family relationships outside of their biological families. Continuing access to their

biological families reinforces children's needs to maintain these connections. They may experience a sense of betrayal and/or a "losing touch" with their roots merely by accepting another family's structure and organization.

Small group settings operated by professional staff who make fewer intense relationship demands on these children may better meet their needs. However, group settings will need to provide individualized programs assisting the children in moving towards a more independent, normalized life in the community. Goals should stress the development of appropriate peer relationships and the skills necessary for self-sufficiency. Where possible, efforts should be made to move these children from structured, artificial contexts into more independent settings. Transitional programs and mixed-model homes with foster parents and other support staff may assist in this process (Meston, 1988; Whittaker et al., 1988; Maluccio, 1988). This is consistent with the approach suggested by Colton (1988).

Aftercare for Independent Youths

Some recent articles written by professors of social work in the United States identify the need for aftercare services for youths who leave care to live independently. It has been suggested that such youths need opportunities to:

- o associate with adults who demonstrate consistent, positive values
- o maintain strong ties with their sources of identity, including biological family, ethnic heritage and religious tradition
- o participate in age-appropriate decisions
- o build a network of relationships and institutional supports that will sustain them into adulthood (Hegar and Hunzeker, 1988).

In a recent review of independent living services for youths in foster care, Sims (1988) pointed out that increased numbers of adolescents in foster care have not been sufficiently addressed by current programs and services. She observes that in the past few years, permanency planning has attempted to avoid use of the foster care system altogether, and to provide children with permanent homes as quickly as possible. The effect of this emphasis has been to exclude the long-range needs of many adolescents, especially those for whom return to their homes or adoption were not viable alternatives.

Current criteria for eligibility for assistance appear to favour those youths who are relatively successful, those pursuing higher education, or those with identified special needs. The result is that the neediest often fail to obtain continued assistance. The Social Assistance Review Committee (1988) recommended continued access to financial assistance on a voluntary basis for former youths in care after they reach age 18. The recommendations of the former president of the National Youth-in-Care Network (Raychaba, 1988) include continued financial support based on appropriate needs assessment, a subsidized housing independence program and the supportive services of a youth alumnus worker.

3. FOSTER PARENTS' NEEDS

When planning future directions for foster care service, it is important to consider not only the needs of foster children but also the role and the needs of the foster parents who serve them. The traditional role of "surrogate parent" is being replaced. The expectations of foster parents are changing in response to the social service trends discussed above and the changing profile of the foster child. Foster parents are being asked to undertake an expanded new role and to meet the challenges of foster children's pronounced and complex needs.

The sections that follow review the treatment in the literature of:

- o foster parents' motivations for fostering
- o the ambiguity of their changing role
- o foster parents' need for training
- o the "professionalism" involved in fostering
- o the impact of agency structures and practices on foster care service
- o foster parents' needs for information sharing
- o their need for involvement in decision making
- o support for foster parents.

Motivations for Fostering

As a basis for developing an understanding of foster parent needs, researchers have examined why individuals want to become foster parents. In a motivational study conducted in Ontario for the Ministry in 1981, Market Facts of Canada surveyed 253 foster parents. The researchers identified three groupings of foster parents based on their attitudes towards fostering. One group appeared to feel a religious and/or social obligation to do something worthwhile for society. Their interest in children and parenting prompted them to foster. The second group showed a similar social consciousness. However, its members were more selective about the type of child they wished to foster. The third group expressed interest in doing something worthwhile for children specifically, and did not appear to consider religious or career issues in making a decision to foster. The researchers also looked at more specific motivations for fostering. They found that the most frequent reason for wanting to become a foster parent was the desire to help and care for children. It is worth noting that interest in the financial aspect of fostering received minor mention, and had not been a primary incentive for existing foster parents to enter the program.

Burke and Dawson (1987) examined the motivations of foster parents caring for infants on a short-term basis. They suggest that some individuals want to foster infants in order to meet their own needs to repeat pleasurable child-rearing experience, or to make up for perceived failures or shortcomings in previous parenting experiences. For others, fostering may enhance self-esteem by providing opportunities to nurture children or to experience a sense of importance by caring for a dependent child.

The Ambiguity of the Role

Regardless of their original motivation for fostering, most foster parents confront similar challenges in their work with the children in their care. One of the problems facing today's foster parent is that of role ambiguity.

The literature suggests that both foster parents and workers in the child welfare system experience a great deal of confusion about the role of the foster parent. New expectations are being placed on foster parents that require an expansion of the traditional "surrogate parent" role. Foster families are now working as therapists with disturbed adolescents, are asked to work with the child's natural family, and are involved in preventive work with families (MCSS: Perspectives in Foster Care, 1987; Rubenstein et al., 1978).

In addition to taking on new and more complex responsibilities, the foster parents may be in the position of playing various roles at different times. Depending on the circumstances, a foster parent may be viewed as a client, a colleague, a contracted service provider, and a member of the child treatment team (Mietus and Fimmen, 1987).

Unfortunately, the various members of the system (foster parents, social workers, etc.) may not all see the foster parent as having the same role at the same time, thus the potential for conflicting expectations. These conflicts can interfere in the development of effective working relationships between agency workers and foster parents. Hazel (1978), in her description of a foster care project in Britain, relates that the foster parents were expected to take over some of the work traditionally done by social workers (i.e. working with the natural family), thus creating some difficulties in the establishment of working relationships between team members.

Training Needs

The literature suggests that there is general agreement that the new challenges facing today's foster parents require a more extensive repertoire of skills than in the past (Hauprich and Joy, 1988). It is no longer sufficient to provide only basic care and nurturing, as many children have needs requiring therapeutic approaches. Without special skills, and the training often necessary to acquire them, there is a real potential for failure on the part of the entire system.

Gil (1984) addresses the ways in which the foster care system sets foster parents up to fail. While she writes with particular emphasis on children who are abused in foster care, her arguments have the potential for broader application. She identifies lack of training and preparation of foster parents as being a significant factor in abuse in foster homes.

(Documented involvement of foster parents in child abuse cases is low, although incidents have been highlighted in news media. National studies of child abuse and neglect in the United States indicate that foster parents are alleged abusers in 0.5% of all child abuse reports [Barth and Berry, 1987]. Of 1,390 individuals reported to the Ontario Child Abuse Register for "verified" abuse in 1988, 10 or 0.72% were foster parents [E. MacKenzie, Child Abuse Register Data & Network Administrator, personal communication, Oct. 26, 1989].)

It has been noted that training programs for foster parents have traditionally focussed on fairly general issues such as relationship with the agency, separation and the stages of child development (Cobb et al., 1982). As suggested above, foster parents also need training that concentrates more specifically on the practical aspects of working with the children in their care. In the literature, descriptions of specific training programs highlight skill development in areas such as:

- empathy and relationship development
- child needs and development
- child management
- incorporating the foster child into the family
- understanding and working with feelings of anger, depression, loss, frustration, and confusion, and the behaviours associated with these emotions
- encouraging ongoing connections with the biological family

(Geurney et al., 1978; Simon and Simon, 1982). Evaluation of these types of training programs suggests a positive correlation between the provision of training and the ultimate stability of foster care placements (McFarland, 1987b).

Barth and Berry (1987) observe that special difficulties arise for the service provider of a child who has been abused. Some children who have been victims continue to set themselves up for further abuse, and others become abusers themselves. While of concern in any setting with other children, in a family setting either behaviour can be particularly damaging. The possibility of a false allegation by a child of abuse by a foster parent also must be anticipated and addressed. Weinbach (1987) has noted that increased public awareness can also result in wrongful accusations of sexual abuse of children. To recognize these issues is not to imply that a child in care is in any sense

responsible for abuse by a foster parent in the relatively few instances where it occurs. Rosenthal (1987) suggests that parents (both biological and foster or adoptive) caring for neglected and abused children need training in specific strategies that can be used to manage children's misbehaviour and reduce parents' vulnerability to provocative behaviour. Orientation of helping professionals to child sexual abuse issues is an essential aspect of abuse prevention and treatment programs now being developed. Rodway (1989) observes that attendance at current training sessions is often optional, and training is thus not reaching enough professional workers. She also notes that the trend to using nonprofessionals in work with sexually abused children is a particular concern because of its demanding nature: "Even among professionals with advanced degrees, there is often a need for additional learning" (p. 11).

The "Professionalization" of Foster Care

The new and expanded expectations of foster parents are perceived by some to cross the line into areas previously addressed only by professionals. This development has raised questions in the field about whether foster parenting should be recognized as a semiprofessional, if not professional, activity. There is a lack of agreement on this issue. Some foster parents have expressed the opinion that fostering is, and should remain, a voluntary activity. However, the balance seems to be shifting in favour of those calling for some level of professional recognition.

The literature reveals that an increasing number of foster parents view themselves as "quasi-" or "paraprofessionals", and want professionals to view them in this way (Appathurai et al., 1986aa). This observation is supported by the recent OACAS (1988) findings. The foster parents surveyed expressed the need to be "trusted, consulted, respected for their opinions and treated as equals". The survey found that 54% of the respondents saw themselves as professionals, often using the term "professional parent" to describe themselves. Most so responding were providing specialized foster care.

Some writers make a strong connection between training and professional status. Mietus and Fimmen (1987) contend that "given their training backgrounds, most foster parents are clearly semiprofessionals". They also note, however, that the foster care system does not provide foster parents with a level of autonomy consistent with this status. Jaudes and Diamond (1985) also make the connection between training and status. They contend that programs that train foster parents to care for handicapped and chronically ill children appropriately recognize the professionalism of foster parents.

On the one hand, then, it is suggested that foster parents' training results in a semiprofessional status. On the other, it is suggested that foster parents are already professionals, and the provision of training confirms this status. The two positions do agree, however, that fostering is a "professional" activity.

The perception that foster parents have a level of professional standing and expertise is reflected in some program designs. Nova University in Florida developed a model foster care delivery system with training and consultation components. The preservice training package conveys a philosophy of foster

care as a team approach. The foster parents are trained as paraprofessionals, and work as members of a team (Simon and Simon, 1982). Webb (1988), writing about specialized foster care, states that the paraprofessional status of the foster parents is an integral component of specialized foster care programs because the foster parents are expected to establish a therapeutic environment within their homes, and to implement a therapeutic plan of care for the children. These foster parents are also expected to take training to develop expertise in various skill areas.

Information Sharing

By virtue of the fact that agency workers and foster parents are responsible for the care and well-being of a child, they are working together on that child's behalf. There are accounts from some foster parents, however, that agencies frequently provide insufficient information on the child and his/her family to allow them to truly understand the child's background and needs, and thus make decisions about how to best meet those needs.

Appathurai et al. (1986) state that the provision of the child's complete background is an essential element of successful placement. In practice, however, this often is overlooked due to excessive caseload sizes. Jaudes and Diamond (1985) report that foster parents caring for handicapped and neglected children are often not told about the child's medical and/or emotional problems or how to care for them. In the Gil (1984) article on how foster parents are set up to fail, she reports that to place children, social workers may minimize their concerns about a child's behaviour or make false assurances to the foster parents. The result of these practices is that foster parents are unprepared for the problems that the child may present or how best to meet the child's needs; when this occurs the foster child is the ultimate loser. Foster parents need to be well informed about the child before and during placement to minimize the potential for disillusionment, frustration and eventual breakdown of the placement.

Involvement in Decision Making

In addition to receiving adequate information from agencies about the children they are caring for, foster parents feel the need for open, two-way communication between themselves and the professionals. The Market Facts of Canada (1981) survey found that 3 out of 10 respondents wanted to feel more involved in decision making about the children in their care, thus felt the need for a more dynamic two-way interaction between themselves and the agencies.

The OACAS (1988) study reported a similar finding. Foster parents interviewed want to be kept informed about the child in their care and the agency's plan for that child. The foster parents perceived this approach as building two-way communication, and promoting a team approach to the

child's care. The report also notes that this approach results in foster parent support and respect for the agency. It observes as well that agencies that recognize a partnership between agency and foster parent (and presumably act upon this knowledge) are experiencing fewer recruitment and retention

problems than agencies that are less clear about their relationship with foster parents.

Support

A pervasive theme running through the literature is that foster parents need adequate support services to fulfill the expectations placed upon them in the modern foster care system. This is true for all foster parents, but is particularly pressing for those working with very disturbed or disabled children and, in more and more cases, their natural families. These supports can take various forms, tangible and otherwise, but all are important and need to be addressed by agencies placing children in foster homes. Although there is a great deal of overlap among the types of supports identified, to promote clarity of discussion they have been grouped here into four categories:

- o financial compensation
- o practical supports
- o relief
- o recognition.

Financial Compensation

As mentioned previously, most foster parents are not motivated to take on the challenges of fostering to make money. However, many acknowledge that they need additional financial support from the child welfare agency to continue to provide service. The issue of the adequacy of financial compensation of foster parents is of major importance both in Ontario and elsewhere. It is gaining urgency in light of increasing competition for the services of potential foster parents from other services that can be carried out in the home but do not carry the same 24-hour-a-day stresses, such as supervised private-home day care.

The issue of financial compensation is often tied to the question of whether fostering should be perceived as a professional activity. Some foster parents are reluctant to press the notion of better compensation for fear that their motives for fostering will be misconstrued, and that fostering will lose the voluntary flavour that originally drew them to participate. Despite these misgivings, many foster parents argue that while they do not want to make money through fostering, they need additional financial support to cover the rising costs of providing basic care to their foster children. Market Facts of Canada (1981) found that over three-quarters of the foster parents it surveyed were spending their own money on children in their care. With single-income families finding it increasingly difficult, if not impossible, to make ends meet, the added cost of foster children may bar some interested individuals from embarking on, or continuing with, the foster parent role.

Providing adequate levels of compensation can do more than simply cover a foster child's expenses. It can convey a message to foster parents that their

contribution to the child's overall care is recognized and valued. Financial compensation can also be used to reinforce the perception of foster parents as professionals who are "compensated" for providing their expertise. Hardy et al. (1986) describe a special program in Britain that recruits foster parents for handicapped children. The parents receive the regular foster parent allowance plus an additional weekly fee. The authors advise that this additional fee is an important component of the program, and that the fee is paid "in recognition of the agency's high expectations of professional foster parents".

Practical Supports

Many foster parents require other tangible supports from the child welfare agency and its workers. The literature identifies a number of supports that could be provided as a regular part of the ongoing relationship between worker and foster parent. For example, regular visits and phone calls from the worker, including pre- and post-placement visits, follow-up and feedback, as well as general staff availability are required (Hauprich and Joy, 1988; Burke and Dawson, 1987).

The agency can also provide support to foster parents by providing child care services and transportation to allow them to meet together as a group for purposes of mutual support (Gil, 1984). Opportunities for foster parents to meet together will also address the sense of isolation they often experience.

Stepleton (1987) illustrates how these kinds of supports can be built into the foster care system in her description of the Specialized Foster Care Program run by the Salvation Army Hope Centre in St. Louis. The Centre offers intensive training, and to facilitate participation, provides babysitting services and meals, and covers the cost of transportation. Social workers maintain a regular schedule of support, as well as 24-hour intensive support during placement. As a result, the foster families are "an integral, well-informed, actively participating part of the treatment team".

Gil (1984) cites a problem that may inhibit the provision of support, and may result from poor communication and lack of trust between agency and foster parent. She indicates that some foster parents are hesitant to call upon workers when they need support for fear of being judged inadequate. Where communication, trust and respect exist, foster parents and workers should be able to deal more openly with one another's limitations, and together develop a strategy for dealing with those limitations before a situation deteriorates to the point where a child must be removed from the foster home.

Relief

A common observation in the literature is that the complex needs of the foster child today make the challenge of meeting the child's needs seven days a week more draining than in the past. Many sources identify the need for relief services that would give foster parents a break from the responsibility of caring for the needy foster child and time to renew energy for the often taxing role they have assumed.

In describing specialized foster care, Webb (1988) advises that an important support for foster parents is the provision of recreation and time off. She states that "even with the best of pay and the highest of status, time off is necessary". Foster parents participating in the special foster care program for handicapped children in Britain are entitled to a break of up to four weeks in length. This time can be used in different ways depending on the needs of the child and family involved (Hardy et al., 1986).

In a personal account of their experiences in fostering four mentally handicapped boys, Martha Ufford Dickerson (1978) writes of the need she and her husband experienced for time to themselves and occasional breaks from the children. They were fortunate in being able to find skilled, competent individuals to help them.

Recognition

The need for recognition and respect for foster parents' skills and efforts is a central theme in the whole discussion of their needs. Many of the supports they request reflect this underlying need. It has been noted that the provision of training conveys a message of respect for the foster parents' level of "professionalism", and can also impart "professional" status at the same time. An adequate level of financial compensation is also perceived as conveying respect for the work that foster parents do on behalf of needy children. A willingness on the part of the agency to communicate openly with foster parents and involve them in real and meaningful ways in the plan of care for the child also gives foster parents the message that their special contribution to the foster care service delivery system is recognized and appreciated.

Additional ways of recognizing foster parents in more public ways include special mention in newsletters, newspapers and meetings (Burke and Dawson, 1987). In Ontario, some Children's Aid Societies also hold special events designed to recognize the invaluable contributions of foster parents.

Agency Structures and Practices

The literature considers various ways in which the operations of agencies serving children and families affect the continuity and quality of the foster care and other services they provide. The intent of the discussion that follows is to focus on the impact of agency-determined structures and practices on service delivery, and not to suggest that agencies alone are responsible for deficiencies in service. Limited funding and the workings of the courts are important underlying factors in service to children and families, and are often beyond agencies' control.

Over the years, agencies have struggled with the question of how best to organize their service delivery to promote integrated and effective service. Some organizations have developed linkages to overcome structural barriers to effective communication. The Scarborough Branch of the Children's Aid Society of Metropolitan Toronto, for example, has developed a team approach to service delivery in an effort to facilitate communication between children's

and family service workers. Other agencies use a generic worker model in which workers perform more than one function. Some agencies, however, have developed structures and practices that unintentionally serve to impede effective delivery of foster care service to children and families. The compartmentalization of non-residential and residential services within these agencies does not reflect the intent of the Child and Family Services Act to provide a range of flexible services to children and families on an as-needed basis.[2] Together with insufficient training of workers and the demands of high caseloads, recording and administration, it militates against continuity of care and family reunification (Minuchin, 1984; Greco, 1989; Nickoloff, 1989).

Within the residential service spectrum, agencies generally use foster care, where appropriate, as a family-based option in the community for children requiring residential service. However, in the larger context of services to children and families, foster care is considered a last resort, to be used when all in-home supports and interventions have failed. In some agencies where structures and practices have tended to separate work with the child in the biological family from work with the child in the foster family, a link between the two is missing. (Personal communication, agency workers).

It is well documented in the literature that the removal of a child from his or her own family, the move to a new family and the transfer at the same time to a new worker are all unsettling for the child and natural family. For both child and family, the child's removal is a crisis that offers opportunities to promote change. However, the tendency for agencies to reduce the intensity of worker involvement with a family once a child is safely in care results in the loss of a significant opportunity to promote change. Infrequent contact of the worker and child with the biological family, and reunification efforts that are sometimes inadequate and ineffectual despite workers' best intentions, may contribute to an unsuccessful return to the family and to moves from placement to placement (Kufeldt et al., 1988; Steinhauer, 1988; Rowe et al., 1983; Hersov, 1985; Minuchin, 1981). Minuchin (1981) comments that "the family is considered a viable socialization unit when it is working; when trouble arises the response is to split it".

Immediate agency support in crisis situations is important to foster parents (Burke and Dawson, 1987). Pressured by high caseloads, time constraints and a heavy demand for immediate responses to many abusive and dangerous situations, workers indicate (Greco, 1989; Nickoloff, 1989) that they are sometimes unable to provide timely responses to foster parents' emergency calls. If the situation remains essentially unchanged, and a foster parent eventually requests removal of a child, there is usually little prospect of maintaining the placement.

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[2]The concept of flexible services was included within the services approach to funding. The intent was to eliminate administrative barriers to service and promote services based on individual/local need rather than clinical labels, social problems, agency mandates and legislative boundaries.

Agencies' and foster parents' difficulties in serving children and their families are increased by court delays in handing down custody decisions, which have a subtle but significant impact on the foster care system. Foster parents must often deal with children's insecurities regarding their futures as well as the aftermath of repeated unsuccessful reunification efforts. The result can be feelings of frustration, helplessness and apathy on the part of children, foster parents and, often, natural parents as well.

Worker turnover is another reason for lack of continuity in service for children and families and in support for foster parents. Some factors that have been identified as contributing to a high degree of worker turnover in child welfare agencies have included stress, role ambiguity, poor salaries, and lack of occupational mobility (Falconer and Hornick, 1983; Bailey, 1983; Cantrell, 1988). Cantrell surveyed 22 children's aid societies in Ontario, obtaining data concerning 65% of the front-line workers. The average annual attrition rate was 19%, and in 1986, 53% of the workers had less than three years' tenure.

Worker training needs have been highlighted by many authors as a significant issue (Steinhauer et al., 1984; Steinhauer, 1988; Hubbell, 1981; Rzepnicki, 1987; Reid et al., 1988; Stein, 1982; Broeck and Barth, 1986). Several specific areas of need have been emphasized. These are training in family systems work including family therapy and family assessment, as well as a clear framework for working with crisis-prone families (Kagan and Schlosberg, 1989). It is suggested that the worker should be familiar with normal child and family developmental stages and the responses that may be expected to pressures of family living and changing circumstances. As previously discussed, research suggests that inadequate matching of child and placement comprises a major reason for placement breakdown (Horner, 1981; Maluccio, 1966). Inadequate assessment of children's needs, sometimes due to insufficient time for thoughtful placement planning, as previously discussed, contributes to mismatching (Steinhauer et al., 1984).

Another significant need is the ability to assess parenting capacity using systematic and objective criteria. This is an area of significant concern for inexperienced workers faced with complex, hard-to-serve clients. Ongoing clinical and case management consultation is required (Steinhauer, 1984; Rivers and McConville, 1989).

Stein (1982) has stressed the need for new models of practice, including team approaches, case coordination and case management models. He argues that the dominant treatment orientation in child welfare courses in the U.S. does not fit with realities and practice. In a review of case records, Proch and Howard (1986) point out that knowledge and theory about the importance of continuity of care and separation and visitation issues are reflected in child welfare policy and in statutes and regulations, but these concepts are not fully integrated into current child welfare practice. Kufeldt et al. (1988) describe a slippage between Ontario workers' abilities to identify issues and needs and to reflect them in practice.

Agency worker presentations to the residential family resources reference group (Greco, 1989; Nickoloff, 1989) have focussed on worker needs for

training, supervision emphasizing team building as well as clinical knowledge and skills, and participation in decision making and program planning. Cantrell (1988) notes that many Ontario children's aid society managers (59%) had initiated training and educational leave programs, regular staff meetings, salary and benefit increases, and other improvements designed to address worker turnover.

4. INNOVATIVE FAMILY SERVICE MODELS

The past decade has seen the development of diverse models for the delivery of residential family resources. The review of the literature produced accounts of numerous potentially useful approaches to the provision of out-of-home resources to children and families. This chapter presents a selection of models of family-style service that should be of interest to Ontario agencies currently providing foster care and other residential services. While the models cited have many common elements, they are grouped for discussion here according to their focus on issues of:

- prevention
- family support
- foster parent support
- treatment
- system change.

Prevention

At first glance, the two terms "foster care" and "prevention" may appear mutually exclusive. How can substitute parents provide a service that prevents care? The service delivery models discussed in this section suggest ways in which foster parents might be used to help other parents in their community resolve problems that might otherwise lead to residential placement for their children.

Over the years, prevention has had many different meanings for different people. Rae Grant (1979) defined primary prevention in broad terms as the reduction of the incidence of new cases of disorders and dysfunctions in a population through activities intended to modify the stressful environment and to strengthen the ability of individuals to cope with stress. Despite a growing commitment to prevention, policy makers and service providers have yet to achieve full agreement about what activities constitute prevention. The Ministry is currently developing a prevention policy framework to clarify the conceptual issues related to prevention in social services.

As the following models demonstrate, foster parents who have the ability to provide services in both their own and clients' homes may provide useful preventive and early interventive services. Foster parent service more broadly defined might be used to prevent the entry into care of clients requiring out-of-home resources. A possible broader role for foster parents is that of a neighbourhood resource who assists natural parents in problem solving and building a support network.

The Child Parent Enrichment Project

Barth et al. (1988) describe using paraprofessional women from the local community to provide low-cost child-parent enrichment services involving six months of home visiting and linkage to other formal and informal community resources. Child abuse prevention services to new parents often use paraprofessional workers and volunteers from the local community, the authors note. The authors suggest that by muting the distinction between clients and service providers, paraprofessionals may encourage at-risk clients to accept home visits. They may also be more likely than agency workers to offer information, tangible aid and problem solving in a way that is acceptable to clients. Research and practice across child abuse prevention programs suggest that experienced mothers serving as paraprofessionals have a better chance to develop a helpful relationship with high-risk mothers (Barth et al., 1988).

In the Child Parent Enrichment Project (CPEP), parenting consultants were recruited to represent ethnic and geographic communities in California. They were provided with more than 100 hours of training about the perinatal period, community resources, child abuse, and child abuse reporting and team building. They were also taught a task-centred approach to problem solving. Each parenting consultant provided home visits for 20 hours per week, and followed about ten families over six months.

Evaluation of the project showed positive outcomes for this experimental group compared with those for controls who received traditional community services on measures of prenatal care, birth outcomes, reports of child temperament, and indicators of child welfare. CPEP mothers reported better well-being and high satisfaction with the program.

Project House Calls

A similar approach used in three urban communities in Greater Montreal described by Masse et al. (1987) is an adaptation of programs such as the Lay Health Visitor Program at the Colorado General Hospital and the Home Start Programs in Great Britain (Harrison, 1980). Project House Calls used visiting mothers with 175 randomly selected families that had two or three-week-old infants to mobilize the family's social network and to improve parental competence. The authors suggest that the visiting mother became a new resource in the family's social life by providing emotional and cognitive support in stressful situations.

Secondarily, the visiting mother served as an intermediary between formal resources and informal resources and the family. The visiting mothers provided information about formal resources in the neighbourhood, helped families recognize the resources available through their natural support systems, and encouraged families to use both informal and formal resources. The families were followed for 16 months, and received an average of 13.6 contacts that required an average of 19.5 hours of follow-up, spread over 11.9 weeks. Approximately 13 visiting mothers stayed with the project for an average of 5 months each. Average annual caseload for the team of visiting mothers was approximately 24 families per year per visiting mother. Financial compensation of $6,000 per year was found to be insufficient to guarantee

stability among the visiting mothers and to offset illness, burnout and loss of motivation, the principal reasons for their resignation.

Results suggest that this approach is useful in preventing abuse, in improving the quality of the mother/child relationship and in helping new mothers to identify and find appropriate informal and formal resources to meet their individual needs.

Parents and Children Together

Another project providing multidimensional in-home intensive service to Detroit families to help parents keep children at home, or to return them from foster care, makes use of peer counsellors (Van Meter, 1986). The Parents and Children Together (PACT) counsellors are drawn from clients who show potential for leadership, and are used primarily as group leaders. They also provide home visiting services and help in obtaining needed concrete aid such as housing and furniture. Services to families average eight to nine months.

Results indicate that in 1984-5, PACT enabled 95% of protective service clients assigned to the program to avoid having their children removed from the home. Efficiency of the program was determined by calculating the costs of foster care avoided or the early return of children from foster care, and subtracting the cost of the program expenditures. It was estimated that Wayne County saved approximately $1,000,000 as a result of the program.

Intensive Home-Based Family Treatment Programs

Other successful and widely replicated home-based prevention models in the United States are intensive programs known by various names, e.g., Family Preservation Services, Homebuilders (Haapala and Kinney, 1988; Pecora et al., 1989). These home-based services were developed to obviate the need for out-of-home placement by improving family functioning and linking families to sustaining services and support.

Shared characteristics of these services are:

- delivery by program staff of a variety of clinical and concrete services in the home
- short duration of service (60 days or less)
- crisis-oriented and intensive service: a minimum of 5 hours of client contact per week
- small worker caseloads of two to four families at a time.

The most intensive and best established example of these services is Homebuilders, founded in Tacoma, Wash. in 1974. Staff of this public child welfare agency work with families in the home to prevent children from being placed in substitute care or running away, providing a wide range of counselling, training and advocacy services, as well as practical assistance.

Services are crisis-oriented and brief. Workers carry small caseloads, and use on-call procedures to provide 24-hours-a-day case coverage.

Both short and longer term outcomes of such services were evaluated in a study of 453 families in Washington and Utah with at least one child at risk of imminent placement in care. The evaluation data indicate that intensive in-home services improved child and family functioning significantly. Approximately 69% of the children at risk remained in their homes (or those of relatives) during services and throughout a 12-month follow-up period.

It appears that the following elements of these treatment services are related to their success:

- a client advocacy philosophy
- provision of concrete services
- provision of a variety of clinical services, including crisis intervention, individual counselling and family therapy
- a focus on building of practical skills, such as parenting, anger management and conflict resolution
- immediate client contact (within 2 days of referral)
- a high degree of face-to-face contact in the home (8 hours in the first week of service), with total client contact including telephone calls averaging 37 hours over a 4 to 8-week service period.

Other Programs

Some Ontario programs use peers to provide prevention services.

- The Community Nutrition Worker Project in the Region of Waterloo trains community members and uses them to help their peers develop knowledge of nutrition and shopping and food preparation skills (Ontario Prevention Clearinghouse, 1988).
- Jane-Finch Family Community Centre in Toronto identifies isolated, dysfunctional or other at-risk families through an outreach worker who systematically goes through apartment and townhouse developments knocking on doors. The centre then provides a variety of services such as home visits, life skills training and peer support groups (Doherty, 1987).
- Neighbours East Child-Parent Centre in Scarborough has developed a satellite program in a high-risk subsidized housing neighbourhood to provide similar services (Engel and Resnick, 1982).
- The Parent Reach service of the Niagara Child Development Centre for learning-disabled children, aimed at children and families at risk of mental health problems, uses a supportive peer network to help families

develop skills to deal with a child experiencing health, behavioural, emotional or other difficulties. A parent needing information or advice can contact a "warm line", and be connected with a supporting parent by telephone.

- Parent Connection, another program of the Niagara centre, trains parents in methods of managing the behaviours of their preschool children. Under a "payback" system, teachers use parents who are graduates of the three-month program as assistants in training other parents (C. Schaubel, Parent Reach worker, personal communication, Oct. 27, 1989).

Family Support

A parallel development to the training of skilled foster parents has been a trend to use and build on the natural support networks families have in their own communities (Lewis and Fraser, 1987). Whittaker (1983, 1986) and Cameron and Rothery (1985) have argued that the challenge facing child welfare professionals, given current research evidence, is to incorporate the concept of environmental and social support in the design of child welfare programs. The goals of support programs focus on building adequate supports for individuals and their families rather than promoting change in individual and/or family functioning. The citations below suggest ways in which foster parents might support functioning of both families and individuals in their communities as a part of the residential service they provide.

Informal Helping Networks

Dumas and Wahler (1983) found that socially and economically disadvantaged families that are trapped in aversive relationships with relatives, neighbours and agencies are not likely to respond successfully to helping services. Lewis and Fraser (1987) conclude from this and other studies that programs failing to address the social and environmental factors that are associated with clients' problems risk failure. They suggest using a combination of formal and informal helping services in permanency planning and reunification as well as the prevention of out-of-home placements. By sustaining, augmenting, and creating informal helping networks, workers may be able to alter the factors that appear to entrap families and undermine formal helping services.

A comprehensive review prepared for the Ministry of the use of family support in child welfare in Ontario (Cameron and Rothery, 1985) supports the need for further development of programs that provide long-term support and enhance neighbourhood resource systems. In an analysis of eight family support programs, the authors found the following variables critical to clients' ability to use and sustain gains in short-term foster care:

- the provision of different programs for different client groups, respecting individual needs

- after-care support.

Extended Family Support

Ryan et al. (1981) suggest that foster parents with appropriate training, support and compensation can become a substantial resource in permanency planning for children. Rather than competing with biological families for the child's affection, they can become a source of emotional support for the biological family, a model of healthy family relationships and a source of parenting expertise. They can provide knowledge of community resources and direct help in easing some of the general burdens of the biological family. In this way, foster parents may ultimately assist an isolated biological family, or one that is insulated by negative associations, in building a positive support network, thereby having a long-term impact on the family's environment.

Shared Care

Some programs use a shared-care model to provide planned respite care and occasional emergency relief to allow parents a break from the care of their child. This model has the advantages of maintaining the child in the biological family and community, while using foster home resources flexibly.

A shared-care program in the Regional Municipality of Halton is a component of the Halton Home Care Program for Mentally Handicapped Children, set up by the Halton Children's Aid Society in 1985 to provide alternatives to institutional care. The goal of the shared-care program is to support and extend natural parents' ability to care for their developmentally handicapped children. Under the shared-care program, the child spends a maximum of 14 days each month in the foster home, an arrangement that is covered by an agreement between the program and the natural parents. Protection is not an issue, and parents maintain legal custody and financial responsibility while their child is in the foster home (S. Hatter, program coordinator, personal communication, Nov. 21, 1989; Appathurai et al., 1986b).

A similar project has been developed for parents of developmentally disabled children in New York City (McKaig et al., 1986). The Family Respite project in the Bronx uses a voucher payment system to enable eligible families to obtain relief and support. Consumers use the vouchers to purchase needed services, which they evaluate regarding adequacy. Part of the system is directed towards developing and enhancing informal support strategies. Friends and relatives who agree to provide child care or transportation or do chores are required to submit a formal application and references, and are reimbursed at fair market rates. Advantages of the system are its ability to respond quickly to families' needs for support, create intelligent consumers, and improve the current quality and quantity of services to families.

Independent Living for Adolescents

Independent living services for adolescents have recently been given much attention in the child welfare literature. Pasztor et al. (1986) examined the impact of an independent living program in Baltimore. Youths involved in Project Stepping Out achieved significantly more growth in the social functioning skills needed for emancipation, as measured by their total score in areas of independent living, employment and social skills, than adolescents who received no project services. Barth (1986) reported that 70% of the participants in an independent living program moved successfully into living on

their own, while 20% returned home to their natural parents. Pasztor et al. recommend specialized programs for older youths in foster care with an emphasis on adolescent strengths and needs for independent living.

Pasztor et al. (1986) and Sims (1988) suggest that foster parents have a role to play in assisting such youths to function independently. Ryan et al. (1988) suggest that foster parents are the best vehicle for delivering ongoing individualized independence training of the youths in their care. Pasztor et al. advocate foster parent training programs providing information about the developmental needs of older adolescents and for funding and support networks to support the transition to independence. Training programs in these areas have been developed for foster parents at Eastern Michigan University and the University of Connecticut (Ryan et al., 1988). The curricula are designed to help foster parents develop the skills and home environments necessary to work systematically with the youths in their care.

Kroner (1988) describes a network of foster family programs that are designed to share the task of preparing youths for self-sufficiency. The Advocate Home Network of New Life Youth Services in Cincinnati, Ohio interfaces with an apartment-living program whose staff members become involved with both foster parents and residents while the youths are still in foster care. The youths move to the apartment with support from both their foster parents and the staff who will monitor their progress.

Other U.S. programs use partially paid volunteers as mentors for youths and abusive parents and as community mothers (Polit and Kahn, 1985) to assist teen mothers in achieving short-term goals, usually involving enhanced parenting. Volunteers have also been used as family resources, providing youths with home bases from which to test independent living arrangements (Mech and Leonard, 1988). Former foster parents and older foster family children are recruited as resources.

In Canada, a variety of non-residential and residential program models exist, but not in sufficient quantity to meet the needs. Phased approaches to independent living are offered in Ontario and Alberta. Pape Adolescent Resource Centre in Toronto provides individual and/or group counselling, assistance in locating, accessing and maintaining employment and housing, support in school attendance and achievement, literacy training, and a peer support environment (Meston, 1988). Programs of other agencies involve independence courses, weekend retreats and group living situations in which participants receive support, encouragement and direction in acquiring basic living skills (Meston, 1988).

Independent Living Services for Disabled Adults

A Ministry-funded, community-based centre in Toronto suggests a model for community efforts to take greater responsibility for planning and developing local services. Opened in 1988 with 80% funding from the Ministry and the balance from a non-profit charitable organization, Vita Community Living Services was developed by parents of Italian background to serve the Italian community, but now serves the broader community as well. The centre serves about 40 disabled men and women who learn basic vocational and independent

living skills. The agency operates three group homes for residents in the community and school-year programs for multiple-handicapped autistic children and adolescents as well. The group homes also provide respite care for families caring for handicapped adults (C. Provenzano, personal communication, Oct. 31, 1989).

Special Foster Care and Foster Parent Support

Special foster care in Ontario was developed to meet the need for intensive service of many children placed in foster care. Foster parents providing special foster care require additional training, skills and support, and receive special per diems.

In a review of special foster care programs, Hampson (1985) identified a number of characteristics that distinguish these programs from regular foster care. They include:

- o appropriate selection of qualified therapeutic parents
- o pre-service training of parents
- o matching a child to abilities of parents
- o high-intensity and high-frequency casework and consultation
- o professional status for the specialized foster parents.

Evaluations of such programs include comparisons of children in special foster care with other client samples, either in institutions or in other types of residential resources.

Hampson (1985) reports that children in special foster care programs made significant gains in self-help, social and communication skills after placement, and showed a near-significant trend in academic/intellectual skills. In addition, 90% of children who leave special foster care programs have been shown to remain out of institutional care, achieving such goals as return to natural parents, long-term permanent placement in foster care, adoption, or independent/community living situations.

A Toronto program suggested ways in which foster parents' satisfaction in fostering such children can be enhanced. The Foster Care Research Project in Toronto used peer support groups with experienced foster parents and social workers as co-leaders to strengthen foster parents' ability to serve children (Santa Barbara and Kane, 1982; Steinhauer **et al.**, 1985, 1988). A joint effort of the Children's Aid Society of Metropolitan Toronto, Thistletown Regional Centre for Children and Adolescents and funded by the Hospital for Sick Children, the project involved regular foster parents who served some very difficult children. In its "extended family" group service model, foster parents became a part of the decision-making team.

The outcomes of the group service model were compared with those of foster care provided by foster parents who received the agency's usual support

service, an individual model with the worker meeting separately with each foster family. Advantages of the group model for children were not clear-cut, since there were no major, statistically significant differences in the outcomes of the two models, and the individual model was more positive on some measures. However, the group model had a major impact on foster parents, in terms of:

- o increased satisfaction with fostering
- o better relations with agency workers, whose functioning the group model changed
- o a greater willingness to continue fostering.

Treatment Foster Care

Treatment foster care is a type of special foster care that was developed as an alternative to residential treatment for emotionally disturbed children and their families (Rubenstein et al., 1978). Treatment foster care programs define their service as foster family-based treatment for individuals with special needs. It is distinguished from other models of special care by the role of the foster family as the primary change agent in the therapeutic process. Treatment foster care uses foster parents to assist children and/or families in attaining goals of change in functioning. In this unique role, foster parents are supported by a coordinated program of intensive support from agency staff and practical assistance. While there are a number of treatment foster care programs in Ontario and other jurisdictions, those cited here were selected for discussion because of a unique focus, unique client group or well-described evaluation.

Rubenstein et al. (1978) demonstrated that the parent-therapist program in Hamilton was as effective as residential treatment and more cost-effective. Their findings showed that the parent-therapist program cost an average of $16,890 for 560 treatment days to treat one child (at 1974 rates), while on average, 554 treatment days in an institution cost $35,329.

The sections that follow present several models of treatment foster care.

PRYDE

Pressley Ridge Youth Development Extension (PRYDE) in Pittsburgh is a foster family-based treatment program for troubled and troubling children and adolescents (Hawkins et al., 1985). It serves young people from 4 to 18 years of age (average: 13.5) with histories of multiple placements including institutions. A pivotal role is that of the Parent Supervisor/Community Liaison, a professional staff person who coordinates all aspects of a youth's program. Responsibilities of this worker include:

- o training of treatment parents based on the Teaching-Family Approach to group home treatment (see below)

- o in-service training of groups of treatment parents
- o individual child assessment, child counselling, training and counselling of natural parents
- o advocating for youngsters in schools, courts or community.

These workers carry caseloads of seven or eight youths, their biological families and their PRYDE treatment families. Through this liaison position, PRYDE offers an integrated model of service delivery.

Treatment strategies are behaviourally oriented, also borrowing much from the Teaching-Family Approach. The youths' behaviour is carefully monitored. A systematically designed teaching approach gradually helps each youth to progress to more autonomous functioning. PRYDE reports an 82% success rate in terms of youths discharged to their communities better adjusted. Of the 28 youths successfully discharged from PRYDE since 1982, only one had reentered the child welfare or juvenile court system six months after discharge. Also, youths reported satisfaction with the program and with treatment foster parents. Of the 71 treatment parents who completed the training and served a young person, only 14 left the program in four years. Referrals from the community had reached 400 in total, a measure of recognition and success in the professional community.

Advantages of the program include the normalizing and individualized treatment available to a broad range of clients. The per diem rate was $48 in 1985, compared with an average Pennsylvania group home rate of $64 and an average of $38 for specialized foster care funding.

The focus of the PRYDE program is similar to that of the Kent Family Placement Project in England (Hazel, 1978). Hazel demonstrated that family-home treatment was an effective approach for severely disturbed and delinquent boys aged 14 to 17. The basic elements of this model are similar to those described for PRYDE. Hazel highlights the need to advertise and implement the concept of a "caring career at home" to attract foster parents. Equality of status with social workers in daily practice and in policy making with regard to the program are essential components of this model. The foster parents are considered to be full or part-time workers, depending on the number of placements. A foster parent offers both informal and formal support, and serves as an extended family available for relief and transfers when needed.

The Teaching-Family Model: An Approach to Teaching Program Parents

The Teaching-Family Approach is a family-style group home model developed at Achievement Place for Boys in Lawrence, Kans. for treatment of delinquent adolescents (Braukmann et al., 1984, 1985). The model utilizes a sophisticated, well-documented teaching program, and has been successfully adapted for use with autistic children and developmentally handicapped adults. Teaching-parents receive intensive training, involving a year-long, pre- and in-service education sequence composed of skill-focussed workshops, ongoing treatment consultation and systematic feedback on performance. They live in a family-style group home in the community with an average of six young people, and teach social, academic, vocational, and self-help skills in a token economy motivational and self-governing system. Average length of stay is 10 months. The program was operating at 12 regional training sites serving more than 215 group homes in the United States in 1981. It has been demonstrated to be preferred by youths over other group home programs, and to be effective in controlling delinquent behaviour while they are in the program.

Longer Term Collaborative Approaches

As a result of consistent findings that short-term programs are effective primarily while children and youths are involved in them (Kirigin et al., 1982; Braukmann et al., 1985; Martin and Pilon, 1986). Wolf et al. (1987) have called for a new approach to seriously and chronically delinquent youths. They suggest that a more realistic treatment approach for socially handicapped children would combine treatment with long-term, even lifetime, socializing influences and support. Such an approach would provide youths with models for appropriate family behaviour, shelter and financial support between jobs and marriage, and continued deterrence to deviance, as well as opportunities for youths to develop new relationships with their biological families. Financial support would be reduced or eliminated once a youth makes a solid transition to independent living and employment. The authors suggest that the approach's cost-effectiveness may be assessed by comparing the costs of five years of supportive family treatment with the cost of total imprisonment. In a similar vein, the rights movement has had some success in efforts to establish long-term, supportive, community-based treatment programs for "seriously emotionally, mentally, and neurologically handicapped children and adolescents" in North Carolina (Behar, 1984).

A blending of long-term support and treatment may have applicability to the Probation Foster Care system in Ontario. A recent survey of the program in the Ministry's central region indicates that 25-50% of youths in its placements will not return home, and that one-third of the youths require special school or job programs (personal communication from Metro Toronto Young Offender Foster Care Coordinator, MCSS, 1989). Foster parents, coordinating staff and probation officers alike identify a need for longer term supportive treatment home options.

A variation of the self-contained program models above is the collaborative approach adopted in 1985 by the Catholic Children's Aid Society of Metropolitan Toronto and Thistletown Regional Centre for children in foster care who need treatment (MCSS, 1982). Features of this model include training of foster parents, enhanced per diems, treatment parent group support meetings, weekly child-management assistance and family therapy for biological families. Children may remain in the program for up to two years. Advantages of such a model include the coordination and collaboration of specialized treatment services with community and agency needs.

An experimental program in Israel described by Arieli and Feuerstein (1987) was designed to combine the best features of foster care and residential group treatment, and to diminish the drawbacks of each. Children who were unable to be treated in normative group care programs were educated in a therapeutic group care centre staffed by professional group care workers, but lived in foster families in a rural community. Thirty youths aged 10-17 participated in the program, and after four years, all showed improvement on different indices including cognitive development. Participants were able to remain in the program up to seven years. Of the graduates, 90% ended up as members of normative group care programs or in ordinary community schooling and occupational programs.

Reported interviews with children and caregivers alike suggest that the foster home provides regular links with a normal community, while the group care centre provides a continuous experience of belonging. The authors suggest that the foster home reduces the impact of closedness and totality characteristic of regular residential group care programs, while the group care program reduces feelings of incomplete belonging experienced in the foster home. The participation of the larger community in various aspects of the program provides a unique dimension that merits further exploration (Maluccio, 1987). Applicability to the North American and/or urban context has not yet been assessed (ibid).

Carlo (1985) suggests another model that uses a residential treatment centre as a highly staffed and supported base where biological families may learn new ways of functioning. Foster parents may assist in this process when the need for "in care" services becomes apparent. In cases where reunification is not a realistic goal, the family is viewed as a competent decision maker, and actively participates in planning for the child. This approach provides an easier transition for children and families who are unable to continue living together. Aisling Centre in Toronto, formerly Sacred Heart Child and Family Centre, has developed a similar approach (Engel, 1987) involving the child's parents and siblings as resources in the treatment process.

The new Cocaine Impact Reduction Program developed by the Children's Aid Society of Metropolitan Toronto combines family support elements with treatment (A. Coulter, personal communication, Sept. 1989). The society set it up after discovering that in 22 of 25 cases involving crack or cocaine handled by one branch, children had been removed from the care of their parents, and confirming through a questionnaire that this pattern was a society-wide concern. The children, including some extremely difficult babies,

were in the care of extended family members and foster parents who needed support in understanding and caring for them. Two part-time workers have been assigned to establish programs in different areas to train the substitute caregivers in caring for the children and to provide counselling for the children. A part-time outreach worker will work with community groups such as tenant associations to facilitate access to treatment for addicted parents and provide aftercare support.

System Change

This final section focusses on models that affect the way in which service users/clients are viewed, issues are addressed, and business is carried out. Some of the innovative developments it highlights have emerged partly in reaction to legislative changes affecting the child welfare and foster care systems (Carman, 1988). The models considered here include:

- o extensive assessment of children's needs for appropriate placement planning
- o foster parenting redefined system-wide at the provincial level
- o permanency planning and its outcomes.

The Placement Evaluation Program: A Model of Assessment

The quality of assessment is a frequent concern in child welfare. Limited and inadequate assessments are seen as partly responsible for inappropriate placements that end in placement breakdown and discontinuity for children in care.

Kirgan (1983) developed a family-model group home for use in assessment when assessment of a child's needs within the biological family context is not possible. Elements of the Placement Evaluation Program include:

- o caregivers as primary assessors of a child's needs
- o a competency-based assessment of the child's strengths and needs, as opposed to pathology
- o a comprehensive and intensive three-month assessment of all aspects of child and family functioning.

In addition to a neighbourhood-based group home, the program operates a diagnostic classroom in the agency's school.

Six children are assessed in the program at one time. The child's physical, social, emotional, and cognitive development, and family and school functioning are all examined. Family involved may include biological parents, interested relatives, foster parents, a combination of these persons, or adoptive parents.

Of the 55 children placed as recommended, 87% had experienced successful placements since discharge, over a period of 1 to 4 1/2 years. An independent follow-up study of the placement providers' evaluation of the programs' recommendations following assessment indicated that 73% thought the treatment plans were useful to their work with the children; 90% thought the child's behaviour had improved since placement, and all agreed with the treatment plan's view of the child. Kirgan concluded that this program provided an effective approach to making placement decisions.

The Intensive Family Therapy Unit at Thistletown Regional Centre in Metropolitan Toronto offers intensive residential assessment services to child welfare and other community agencies in their work with children and families. These assessments are intended to assist agencies in planning their treatment goals or in determining future directions for service. Children are assessed in the context of their natural families, who are invited to live in for a three-day period. Schools are often visited and professional assessment services are accessed as required. In this way, planning occurs together with significant members of the child's family and community.

These residential approaches to assessment of children's needs are consistent with the recommendation of a former youth-in-care for a safe place where children and youths may be involved with the placing agency in permanency planning. Such approaches may increase opportunities to involve youths and their parents in planning and decision making, factors that have considerable impact on the future success of the recommendations (Finkelstein, 1981; Bush and Gordon, 1982), and have recently been recognized in legislation.

The Foster Care Initiative in Saskatchewan

Saskatchewan recently launched a Foster Care Initiative designed to change significantly how foster parenting is viewed in that province (M. Machin, personal communication, March 1988). The position articulated under this initiative is that fostering is viewed as transitional parenting, treating children and strengthening families. It involves maximum contact with the natural family, and is based on skilled service provision. It involves matching of children's needs with the skills of foster parents, who will receive mandatory, standardized training and be paid skill development fees. Foster parents are differentiated into four skill levels: intern, practitioner, specialist, and parent therapist.

Seven work groups were established with foster parent representation to deal with issues of public education and recruitment, home selection, classification of homes, foster parent training, classification of children, the payment system, and working relationships of social workers with foster parents.

The proposed system acknowledges the skill required of foster parents and their need for recognition both in status and in compensation, and provides career mobility for them.

Outcomes of Permanency Planning

The permanency planning movement was hailed as a new philosophy, policy and strategy, promoting system-wide changes in agency structures and practices. However, recent studies of outcomes of permanency planning activities are more equivocal than anticipated, according to Broeck and Barth (1986), who report on California's permanency planning program. While benefits were seen to arise from time limits, mandated judicial and placement review and a case management model, there was a concurrent decrease in the use of placement prevention services. Some factors suggested to be influential in this decline include:

- decreased funding resulting in cutbacks in parts of the program
- community pressures to protect children by placing them in care
- reduced reluctance to use foster care that was guaranteed to be short-term
- inappropriately trained staff who were unable to prevent placement.

Barth and Berry (1987) found that children who were reunited with their parents were most poorly served under permanency planning. They observe that adoption of older children deserves continued emphasis, that guardianship is little understood, and that long-term foster care appears to have fewer drawbacks than was previously thought, but does not address the needs of children who age out of foster care. These findings are consistent with those of Wald (1988) and others.

What seems apparent from recent research is that the permanency planning issues are more complex and less easily addressed than had been hoped originally. A Permanency Planning Project addressing these issues is currently underway in the Ministry's Children's Services Branch (MCSS, 1988).

The Value of the Approaches Reviewed

The innovative approaches outlined in this chapter suggest solutions to problems identified in earlier chapters. They may be examined for their potential for adaptation to situations in which families and children appear to need residential or other out-of-home services or to be at risk of needing them. By broadening the concept of foster care and developing a greater range of options within the community that are designed to meet individual needs in a flexible and timely manner, agencies may be able to use the existing talents of many current foster parents in fresh ways. Further, agencies may develop new recruits among people attracted to providing services as part of a community network resource system. Finally, the prospect in creating a range of such resources is that service will be provided in the form of prevention and early intervention, continuously and comprehensively, and in a cost- and service-effective manner.

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